



CIVILIAN PERSONNEL CAREER MANAGEMENT

**December
2004**

**ARMY CIVILIAN TRAINING, EDUCATION, AND
DEVELOPMENT SYSTEM (ACTEDS) PLAN**

**OCCUPATIONAL SERIES GS-0675
CAREER FIELD 53**

Medical Records Technician

ACTEDS PLAN

TO CONSERVE THE FIGHTING STRENGTH

ARMY CIVILIAN TRAINING, EDUCATION, AND DEVELOPMENT SYSTEM PLAN

MEDICAL RECORDS TECHNICIAN OCCUPATIONAL SERIES GS-0675 Career Field 53

Summary.

a. This document describes the Army Civilian Training, Education, and Development System (ACTEDS) Plan for the Medical Records Technician (MRT) series. It includes a listing of the objectives, structure, career paths, training, education, and developmental opportunities that enhance the employee's capability to perform and advance within the MRT community of the Army Medical Department (AMEDD).

b. Nothing in this Plan should be construed to obligate any Department of the Army (DA) activity to select or fund the training of any individuals covered by this Plan; such training is always accomplished subject to budgetary and mission requirements.

Interim Changes. Interim changes will be distributed as required to update information contained in this document.

Suggested Improvements. The proponent agency for this document is the United States (U.S.) Army Medical Department Center and School (AMEDDC&S). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, AMEDDC&S, AMEDD Personnel Proponent Directorate, ATTN: MCCS-DC, 1400 East Grayson Street, STE 213, Fort Sam Houston, TX 78234-5052.

Distribution. Primary access to this Plan is via the Internet at:
<http://appd.amedd.army.mil/acteds.htm> or http://www.cpol.army.mil/library/train/acteds/CF_53/.

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ARMY CIVILIAN TRAINING, EDUCATION, AND DEVELOPMENT SYSTEM PLAN

MEDICAL RECORDS TECHNICIAN OCCUPATIONAL SERIES GS-0675 Career Field 53

1. Introduction.

a. ACTEDS is a DA system that provides a progressive and sequential framework for developing the technical and leadership skills required of the U.S. Army's civilian workforce in the MRT community. It mirrors what the Army does to guide military personnel throughout their careers. This ACTEDS Plan for the MRT provides employees and management with a guide to assist in career enhancement and progression. Training and development planning is essential in developing and enhancing the employee's knowledge, skills, and abilities (KSAs). This Plan, if followed, will provide the MRT the avenue to become more proficient in the MRT field, benefiting the Army, the local military organization, and the employee.

b. This Plan is in no way linked to upgrading individual position descriptions. Employees must still meet qualification requirements identified in Office of Personnel Management (OPM) qualification standards. The qualification standards are available at the OPM website: <http://www.opm.gov/>.

2. Objectives.

a. Provide continuous broad-based training and development throughout an individual's employment.

b. Provide and document an individual's training and practical experience to ensure competence in the various aspects of medical records keeping.

c. Aid in the recruitment and retention of quality personnel by outlining the numerous training and career advancement opportunities offered.

3. Coverage. This Plan applies to all DA civilian employees working in the MRT field, regardless of the level at which they were hired and the organization or agency to which they are assigned or attached.

4. Career Field Information.

a. Medical Records Technicians (also called Health Information Technicians in the civilian sector) organize, analyze, and evaluate medical records. They assign a code to each diagnosis and procedure. They compile medical care and census data for reports on types of diseases treated, surgery done, and rate of hospital bed use.

b. The U.S. Army Medical Command (MEDCOM) employs over 700 MRTs throughout 59 MEDCOM activities. MRTs are employed in a variety of specialties to

include: Coder, Assembler, Analyst, Third Party Collections, Quality Control, Correspondence, Instructor, Tumor Registry, and clinics (to include Dental and Veterinary Clinics).

c. MRTs may be hired without being credentialed. However, all MRTs are encouraged to obtain credentials from the American Health Information Management Association (AHIMA) or the American Academy of Professional Coders (AAPC) (Registered Health Information Technician (RHIT), Registered Health Information Administrator (RHIA), Certified Coding Associate (CCA), Certified Coding Specialist (CCS), Certified Coding Specialist-Physician based (CCS-P), Certified Professional Coder (CPC), etc.)

d. Medical Records Technicians may choose to progress to the Medical Records Administrator, GS-0669, series. The qualification standards for the Medical Records Administrator, GS-0669 series are available at the OPM website: <http://www.opm.gov/>.

e. The Patient Administration Systems and Biostatistics Activities (PASBA) website maintains a membership mailing list of AMEDD personnel that disseminates information and guidance as well as training opportunities. Additional information is available at: <http://www.pasba.amedd.army.mil>

5. Responsibilities. Development, coordination, management, and implementation of this ACTEDS Plan are the shared responsibility of the proponent, the proponent agency, the Functional Chief (FC), and the Functional Chief Representative (FCR). The proponent for this series, and all occupational series in Career Field 53, is The Surgeon General (TSG) of the U.S. Army. The proponent agency is the AMEDDC&S, AMEDD Personnel Proponent Directorate (APPD). The FC is the Chief, Medical Service Corps. The FC will designate a senior official holding a top-level position in Medical Records Administration, GS-0669, to be the FCR for MRTs. In turn, the FCR will designate individuals within the MRT community to serve as subject-matter-experts (SMEs).

a. The Deputy Chief of Staff, G1, Central Program Operations Division, ACTEDS Management Branch, provides overall policy and direction for this ACTEDS Plan, and will:

(1) Provide overall program management, guidance, direction, and approval.

(2) Provide funding support for selected ACTEDS Core Leader Development training.

(3) Provide assistance to the FC, the FCR, and APPD in implementing this ACTEDS Plan.

b. Functional Chief Representative. The FCR will have operational responsibility for the administration of the MRT occupational series. These responsibilities include:

(1) Assisting APPD in preparation of career management regulations by providing advice on career patterns, identifying KSAs required for specific job categories, identifying training and development needs, and recommending functional courses and equivalencies for the enhancement of the employee.

(2) Selecting SMEs to participate in job analysis and establishing evaluation criteria.

(3) Monitoring affirmative action goals and equal employment opportunity (EEO) progress.

(4) Assisting TSG in estimating Army-wide MRT training needs and ensuring the Master Training Plan (MTP) is adequate.

c. Major Army Command (MACOM) Commanders will:

(1) Ensure identification and resourcing, within activities' resources, of non-ACTEDS Career Field (CF) training needs (such as training to meet MACOM and individual mission requirements).

(2) Assure career management is evaluated and follow-up actions are taken to support quality staffing, employee communications, Affirmative Employment Program (AEP) and EEO objectives, and ACTEDS training, education, and development requirements.

(3) Establish leadership and direction in the AEP aspects of career management; identify situations within the MACOM where EEO progress is inadequate and initiate corrective action.

d. Activity/Installation Commanders will:

(1) Obtain and provide funding, within activity/installation resources, to attain ACTEDS Plan objectives. (Note: Funding may not always be available for all specified training and education at specific grade levels.)

(2) Support developmental assignments/reassignments and formal training of participants.

e. The Medical Records Administrator, GS-0669, at each Medical Treatment Facility (MTF) will inform the FCR of:

(1) Planned career input requirements,

(2) Budget needs,

(3) Distribution of funds,

(4) Management of career track opportunities and spaces, and

(5) Registration/continuing education maintenance requirements.

f. The supervisor will:

(1) Prepare, in concert with the employee, and approve Individual Development Plans (IDPs) for employees participating in this Plan. Additional information on IDPs is included in paragraph 10 of this document.

(2) Identify and coordinate developmental assignments utilizing career paths.

(3) Release employees for identified ACTEDS Plan training and development opportunities (mission permitting).

(4) Ensure employees possess or are provided opportunities to obtain required competencies.

(5) Perform ongoing evaluation of employee career progression.

g. Each employee is responsible for assisting management in establishing their IDP and demonstrating the interest, enthusiasm, and initiative required to achieve the stated objectives.

6. Mentoring. Mentors are senior careerists, managers, or commanders who not only personally become involved in the development of personnel within their organizations but also influence decisions to establish programs, commit resources, and make assignments that make career development happen. Mentoring is most successful when the person being mentored is mobile and can take advantage of the widest range of opportunities. Using the ACTEDS Plan as a base, mentors will facilitate training and career-broadening opportunities, help personnel assess their potential, and actively guide them through the appropriate career-area progression pattern. Mentoring for Civilian Members of the Force, DA Pamphlet 690-46

(http://www.usapa.army.mil/pdffiles/p690_46.pdf), is a recommended reference for mentors and personnel being mentored.

7. Career Ladder. The career ladder (Appendix A) illustrates the typical pattern of progression from entry level to an advanced level in the GS-0675 series. Grades are subject to the scope of responsibilities of the position and may vary among MTFs. Individuals employed in the MRT series should be guided by the qualification standards established by OPM. The career ladder shown in this ACTEDS Plan assumes that individuals employed at various grade levels have met the minimum requisite qualifications in this classification series.

8. Training Competencies. (Appendix B)

a. Competencies shown at Appendix B are the applicable KSAs for MRTs in the performance of their assigned duties. Supervisors have the responsibility for the career management of their employees; therefore, they must ensure that employees under their supervision possess, or are provided opportunities to obtain the required KSAs through formal and on-the-job training (OJT).

b. Equivalency credit may be granted for formal courses or OJT received from sources other than those listed in the MTP (Appendix C). Applications for equivalency credit (Appendix H) should be submitted through the supervisor to the FCR for evaluation.

9. Master Training Plan (MTP). (Appendix C) Employees enter the MRT occupational series at various levels with varying degrees of preparation, capability, and potential for growth. For this reason, training identified for an employee should be based on what formal training and OJT the individual brings to the job in comparison to that required for advancement as outlined in this ACTEDS Plan. Consideration should be given to any documented prior experience and training.

a. Universal Training. Universal training requirements provide standardized KSAs across the occupational series to all employees who have similar duties and responsibilities. Universal training requirements are prioritized to assist commanders in planning and programming for training funds. Universal training priorities are as follows:

(1) Priority I (U1) - Mandatory training that is typically a condition of employment, must be successfully completed within a specified time period, and meets one or more of the following criteria: (a) employee must have for acceptable performance; (b) training is essential for mission accomplishment; (c) training is mandated by higher authority (law or Department of Defense (DOD)) or is required for health, certification, or safety reasons.

(2) Priority II (U2) - Training that should be successfully completed within a specified time period, but may be delayed if funding is not available, and should meet one or both of the following criteria: (a) employee should have for maximum proficiency, and (b) training improves the quality of mission accomplishment.

(3) Priority III (U3) – Training that should be funded after Priority I and II requirements and should meet one or both of the following: (a) provides or enhances KSAs needed on the job and (b) leads to improvement of mission accomplishment.

b. Self-Development. In addition to the training outlined in the MTP, employees at all levels are encouraged to undertake individual projects such as a professional reading program, correspondence courses, study and research, technical papers, presentations, membership in professional organizations, or leadership roles in the community. These opportunities will increase their knowledge, improve competence in their area of interest, and offset any limitations identified in the career planning process. This is a voluntary effort initiated and conducted by the employee. Active interest in

self-development generally indicates that an employee has a strong desire to achieve or exceed planned career goals. Employees will be encouraged to take advantage of: (a) available Army, AHIMA, local Health Information Management Associations (HIMA), and other professionally relevant correspondence courses; (b) opportunities for study at nearby colleges or universities; (c) planning, reading, and discussion of emerging developments in the various aspects of MRT technology; and (d) seminars, workshops, teleconferences, videos, and meetings sponsored by professional organizations.

c. The ideal training program provides the opportunity for every employee to advance to the highest level of his/her capability. The most effective training and development activity for any Army civilian career employee will result from an appraisal/counseling interview which: (a) identifies training requirements, (b) systematically schedules the training needed to meet the requirements, and (c) takes greatest advantage of work situations and operating problems for OJT development purposes.

d. Development and rating methods of civilian employees are outlined and reported through AR-690-400, Chapter 430, the Total Army Performance Evaluation System (TAPES) http://www.usapa.army.mil/pdffiles/r690_400.pdf. The rater/supervisor, with the ratee's input, during counseling sessions, will assist the ratee in identifying the required training and/or professional development objective. Once identified, the training or developmental activities are recorded on the employee's Base System Civilian Performance Counseling Checklist/Record (DA Form 7223-1).

e. When an employee has completed a required phase of training, it must be documented by the supervisor. The completed training will be noted in the IDP and TAPES, and then filed in the employee's official personnel folder. Employees who demonstrate the ability to effectively handle increasingly complex assignments become more competitive for developmental assignments and advancement.

f. Training Levels. The grade span for MRTs is GS-3 through GS-8. Employees at the GS-9 level are generally identified as leaders/supervisors. The training levels for career management purposes are entry, intermediate, and advanced levels.

(1) Entry level. Most employees enter this series at grades GS-3 through GS-5. The new employee generally requires OJT experience and technical training. Emphasis will be placed on training in: (a) medical records fundamentals, (b) concepts of health information systems, (c) legal principles governing release of information, (d) confidentiality/security principles, (e) introduction to medical terminology, (f) introduction to military organization/ structure, (g) introduction to military policy, and (h) introduction to military terminology. Typical MRT assignments at the entry level include, but are not limited to: coding diagnostic and operative/procedural information; organizing patient charts to search and extract medical data; reviewing records for completeness, accuracy, and compliance with applicable medical facility and accreditation standards; preparing correspondence, reports, and other material; and determining the probability of payment from various sources (e.g. Third Party, Medicare, Medicaid.) Duties are

performed under the supervision of a senior MRT. Participation in professional group activities is encouraged. Employees are encouraged to gain certification in one of the areas listed on Appendix F.

(2) Intermediate level. At grades GS-5 through GS-7, the primary focus is to increase the technical knowledge and skill of the employee. Secondly, emphasis will be on management and human relation skills. Personnel selected for lead positions or supervisory positions will receive training to develop supervisory/leadership skills. Work assignments are selected to add to the depth and breadth of their technical competence. Typical MRT assignments at the intermediate level include, but are not limited to, analyzing medical records; maintaining special registries; performing quality assurance; compiling statistical data; releasing medical information; and extracting data for statistical reports. Participation in local, state, and national health information associations (i.e., AHIMA and state and local HIMA) is encouraged. In addition, all employees are highly encouraged to become credentialed in one of the areas listed in Appendix F.

(3) Advanced level. At this level (GS-8 or GS-9) emphasis is placed on training in the advanced aspects of medical records analysis. Assignments at this level include, but are not limited to assisting in a wide range of quality assurance studies; making recommendations to improve procedures for compiling and retrieving medical records information; identifying specific clinical findings, supporting existing diagnoses, or substantiating listing of additional diagnoses in the medical record; coding complicated medical records that are difficult to classify; planning, organizing, and maintaining special registries; gathering and representing data graphically; making a variety of basic statistical computations; identifying possible trends and patterns for preparing reports; and managing medical records. Attendance and completion of upper education programs, speaking and writing activities, and participation in professional group activities are encouraged. Employees are encouraged to earn the RHIT or RHIA certification.

10. Individual Development Plan (IDP). An IDP (Appendix I) is a written schedule or action plan to help individuals reach career goals within the context of organizational objectives. It is intended to move employees from where they are to where they want to be. The plan is developed to establish a written document that identifies required training, provides order, maintains focus, and tracks progress of the activities outlined with the intent of aiding an employee in accomplishing their career goals.

a. The employee should initiate the IDP process. The employee establishes goals and objectives with input from the supervisor. Both should discuss the plan and reach agreement on the employee's developmental plan for accomplishing their goals and objectives. The IDP's goals relate the individual's career interests and needs to organizational priorities. The most common goals of an IDP are to:

- (1) Learn new skills to improve current job performance.
- (2) Maximize current performance in support of organizational requirements.

(3) Increase interest, provide challenge, and improve satisfaction in current position.

(4) Obtain necessary knowledges, skills, and abilities to advance in current occupational series.

(5) Use acquired competencies to make the employee highly competitive for career advancement.

b. While the supervisor and the employee have joint responsibility for developing and executing an employee's IDP, the responsibility of ensuring accomplishment of the activities or experiences that support the plan's objectives is the sole responsibility of the employee.

c. When both employee and supervisor are in agreement with the plan, they sign and date the IDP. Once the initial IDP form is completed, it may be reviewed to coincide with TAPES review process. The IDP should be jointly assessed at least semi-annually (to coincide with the mid-point performance review) and adjusted as needed, based on adequacy and practicality of the plan.

11. Recruitment Strategies and Sources.

a. Recruitment Strategies.

(1) The planned recruitment of highly qualified or high potential personnel is essential to the development and maintenance of an effective MRT program.

(2) Recruitment should be related to replacement needs projected on the basis of expected losses and planned expansions.

(3) Recruitment and selection practices are designed to obtain the best qualified candidate for available positions.

(4) Recruitment brochures/literature, advertising, or other appropriate and authorized publicity measures should be employed to support recruitment actions.

(5) Supervisors should align their recruitment and hiring practices with the ACTEDS career path and ensure the appropriate credentialing requirement is stated as a selective placement factor in the job announcement.

b. Recruitment Sources.

(1) University, college, and technical school recruitment programs should be used as a means for identifying and attracting promising students as well as recruitment at professional conferences and job fairs.

(2) Procedures of the Merit Promotion Program and appropriate labor agreements will apply in considering candidates who are current DA employees.

(3) Status candidates eligible for transfer, reassignment, or reinstatement to positions no higher than ones previously held.

(4) Competitive referrals.

(5) Non-status candidates from an OPM certificate of eligibles or a certificate established by a delegated examining unit.

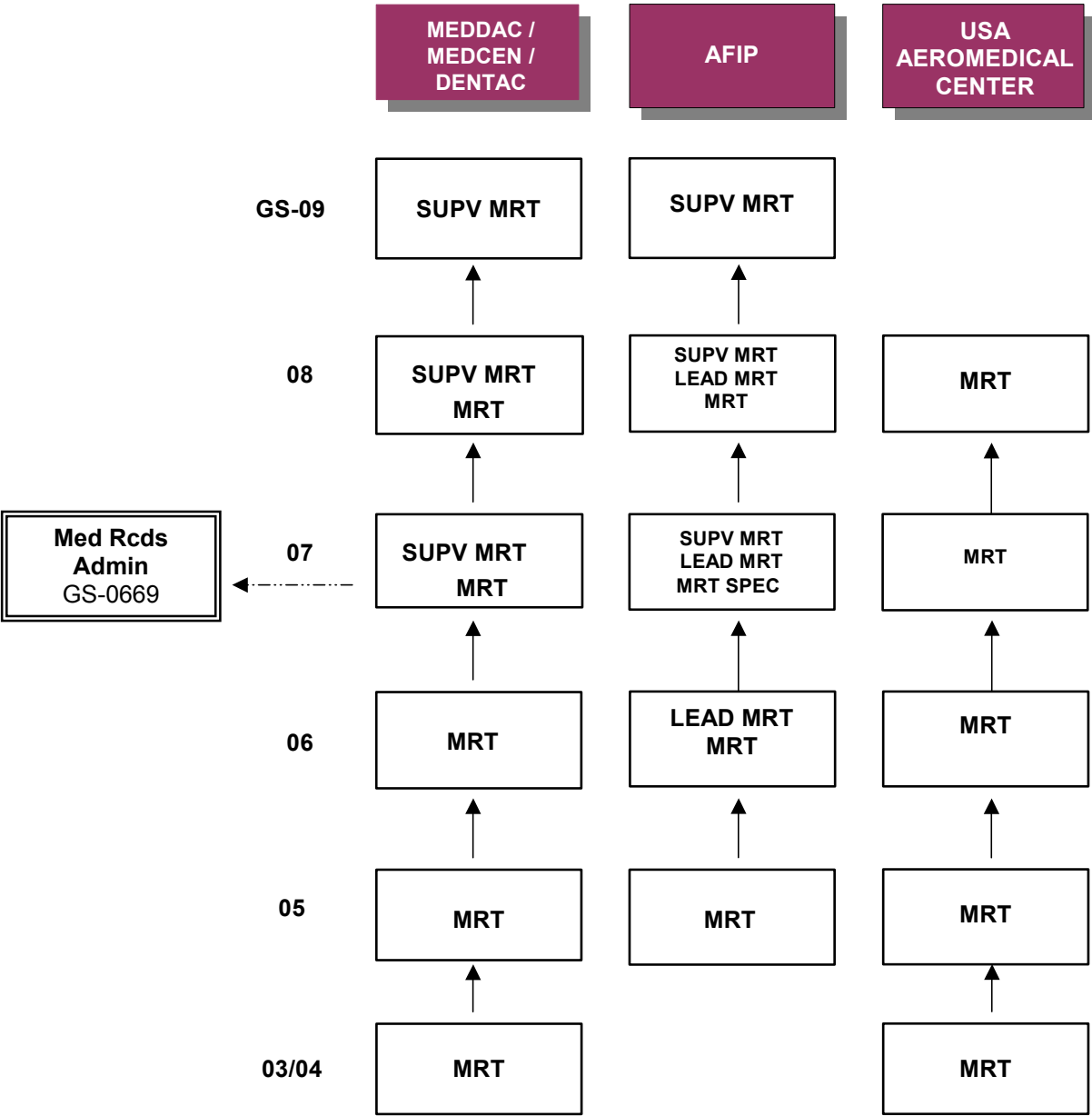
(6) Special placement assistance programs such as the DOD Priority Placement Program.

12. Mobility Requirements. Mobility is defined as geographic, organizational, or functional movement—either within Continental United States (CONUS) or Outside Continental United States (OCONUS). While many employees can achieve their career objectives in one geographical area, mobility is often a factor in achieving goals. Relocation may increase chances of acquiring broad-based management experience necessary for advanced level vacancies.

13. Affirmative Action/Equal Employment Opportunity. Training and development opportunities for career field participants covered by this plan will be provided without regard to race, color, sex, religion, national origin, non-disqualifying disabilities, or age.

14. Summary of Change. This is the initial publication of this ACTEDS Plan.

APPENDIX A
CAREER LADDER
MEDICAL RECORDS TECHNICIAN



APPENDIX B
TRAINING COMPETENCIES
MEDICAL RECORDS TECHNICIAN

Medical Records

1. Knowledge of medical record procedures, methods, and requirements (United States Codes 5 and 10, United States Code 42 Code of Federal Regulations, Army Regulation (AR) 40-66 (Medical Record Administration and Health Care Documentation Administration), and AR 25-400-2 (Army Records Information Management System) in order to operate within guidelines.
2. Knowledge of a wide range of coding references including the International Classification of Diseases (ICD), Current Procedure Terminology (CPT), Center for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS), Physician Desk Reference and DOD Unique Codes in order to ensure selection of the appropriate codes and modifiers.
3. Knowledge and ability to accurately select and code diseases, injuries, manifestations, operations, and non-surgical procedures in order to ensure proper financial reimbursement.
4. Knowledge of JCAHO standards pertaining to patient-related data and information management of various types of facilities in order to accurately code data.
5. Knowledge of statistical principles and hospital statistics formulae in order to evaluate data.
6. Knowledge of major anatomical systems, physiology, and related disease processes in order to apply accurate codes.
7. Knowledge of medical terminology and usage including general medical, surgical, pharmaceutical, hospital terms and abbreviations and abstraction techniques in order to read and comprehend the technical elements of a medical chart.
8. Knowledge and skill in interpretation of medical record content and order of organization in order to accurately maintain records.
9. Knowledge of functions related to medical records, utilization management, quality assurance, cancer registry, and related departments in order to assist in accurately coding records.

Ethics/Confidentiality

10. Ability to protect private patient information against unauthorized release, loss, or alteration, tampering, unauthorized deletion, or other unauthorized use in order to maintain patient confidentiality.

11. Knowledge of Health Insurance Portability and Accountability Act of 1996 (HIPAA), Privacy Act, and Freedom of Information Act requirements in order to facilitate the release of only pertinent information to attorneys, investigative agencies, military officials, etc.

12. Knowledge of legal terms and legal requirements involving subpoenas, claims against the U.S. Government, military investigative agencies, District Attorney's office, medical care recovery claims and civilian worker's compensation cases in order to ensure privacy of records.

Analysis/Quality Control

13. Knowledge of and skill in collection and compilation of vital statistics (i.e., state and federal regulations, and procedures for collection and reporting) in order to prepare medical or statistical reports.

14. Ability to analyze and evaluate facts relative to conditions and/or trends in order to understand the statistical principles associated with health care delivery systems.

15. Knowledge of quality assurance regulations, policies, and practices of the medical treatment facility in order to compile, abstract, and analyze pertinent data from medical records in the performance of quality assurance studies and utilization review.

Informatics

16. Knowledge and ability to operate computer systems in order to process and finalize reports, report study results, and formulate methods criteria.

17. Knowledge of office automation applications (i.e., spreadsheets, graphics, database management, and electronic communications and systems such as the Composite Health Care System I and II (CHCS)) in order to create, process, and retrieve and evaluate data and create reports.

Personnel

18. Knowledge of human resources management in order to effectively lead/supervise assigned employees.

19. Ability to write job descriptions, performance appraisals, and TAPES support forms for personnel supervised in order to properly assign duties and evaluate performance.

Communication / Coordination

20. Ability to prepare written documents such as abstracts for specific requests and replies to requests for medical information in order to ensure compliance with regulatory requirements.

21. Ability to communicate in person and on the telephone with various personnel such as patients, family members, hospital staff, physicians, clinics, attorneys, etc., in order to obtain information and gather pertinent data for legal cases and coordinate further work efforts.

22. Ability to coordinate and maintain liaison with health care providers and managers within the hospital, higher headquarters, other military hospitals, and civilian elements in order to obtain, provide, and expedite information.

23. Knowledge of organizational mission and goals sufficient to execute responsibilities.

Education/Training

24. Knowledge and ability to conduct coding training to a variety of staff to include credentialed providers, nursing staff, paraprofessional, and technical staff in order to keep them abreast of procedural changes in the medical records field.

APPENDIX C **MASTER TRAINING PLAN MATRIX - MEDICAL RECORDS TECHNICIAN**

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Course Number	Course Title Source Type of Training Course Length	PRIORITY/TARGET AUDIENCE							Training Competencies
		GS-03	GS-04	GS-05	GS-06	GS-07	GS-08	GS-09	
1	Basic Coding Course AHIMA/College/Technical College FC/CC/OL Length Varies	U2	U2	U2	U2				1, 2, 3, 4, 5, 9
2	HIPAA Training/Workshops TMA FC/CC/OL Length Varies	U1*	U1*	U1*	U1*	U1*	U1*	U1*	10, 11, 12
3	Basic Medical Terminology AMEDDC&S/AHIMA/College/Vendor FC/CC/OL Length Varies	U2	U2	U2	U2				7, 8
4	Army Online Coder Training MEDCOM/PASBA CC/OL Length Varies	U2	U2	U2	U2	U2	U2	U2	1-9, 10-12, 13-15
5	Monthly PASBA Coding Video Teleconference PASBA VTC Length Varies	U1*	U1*	U1*	U1*	U1*	U1*	U1*	1-9, 10-12, 13-15
6	Essentials of Anatomy AHIMA/ College/AMEDDC&S FC/CC/OL Length Varies	U3	U3	U2	U2	U2	U2	U2	6
7	Basic Human Physiology AHIMA/College/AMEDDC&S FC/CC/OL Length Varies	U3	U3	U2	U2	U2			6
8	Diseases (Pathophysiology) AHIMA/College FC/CC/OL Length Varies	U3	U3	U2	U2	U2			6
9	Statistics College/University FC/CC/OL Length Varies	U3	U3	U2	U2	U2	U2	U2	5, 13, 14, 15
10	Coding Seminars AHIMA/State or Local HIMA/Proprietary FC Length Varies	U3	U3	U2	U2	U2	U2	U2	1-9, 10-12, 13-15

LEGEND: CC/OL = Correspondence Course/On-Line
FC = Formal Course
OJT = On-the-Job Training
VTC = Video Teleconference

U1 = Universal Priority I
U2 = Universal Priority II
U3 = Universal Priority III

SUP = Supervisor Only
C = Competitive

* = Recurring Requirement
** = According to Individual Job Requirement

APPENDIX C **MASTER TRAINING PLAN MATRIX - MEDICAL RECORDS TECHNICIAN**

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Course Number	Course Title Source Type of Training Course Length	PRIORITY/TARGET AUDIENCE							Training Competencies
		GS-03	GS-04	GS-05	GS-06	GS-07	GS-08	GS-09	
11	Organization and Functions of the Army Medical Department Course AMEDDC&S CC/OL Length Varies	U2	U2	U2	U2	U2	U2	U2	23
12	Introduction to Medical Records and the Patient Administration Division Course AMEDDC&S CC/OL Length Varies	U2	U2	U2	U2	U2	U2	U2	1, 4, 8, 9
13	Outpatient Medical Records Branch Course AMEDDC&S CC/OL Length Varies	U3	U2	U2	U2	U2	U2	U2	1, 4, 8, 9
14	Patient Accountability Branch Course AMEDDC&S CC/OL Length Varies	U3	U3	U3	U2	U2			1, 4, 8, 9
15	Medical Records Administration Branch I Course AMEDDC&S CC/OL Length Varies	U3	U3	U3	U3	U3			1, 4, 8, 9
16	Medical Records Administration Branch II Course AMEDDC&S CC/OL 10 Hours	U3	U2	U2	U2	U2	U2	U2	1, 4, 8, 9, 10-12, 15
17	Patient Affairs Branch Course AMEDDC&S CC/OL Length Varies	U3	U2	U2	U2	U2	U2	U2	1, 4, 8, 9, 15
18	Health Care Ethics I Course AMEDDC&S/Local CC/OL Length Varies	U3	U3	U3	U3	U3	U3	U3	10, 11, 12
19	Health Care Ethics II Course AMEDDC&S CC/OL Length Varies	U3	U3	U2	U2	U2	U2	U2	10, 11, 12
20	Medical Billing and Insurance Procedures Course College/Technical College FC Length Varies	U3	U3	U2	U2	U2	U2	U2	1-5, 8-9

LEGEND: CC/OL = Correspondence Course/On-Line
FC = Formal Course
OJT = On-the-Job Training
VTC = Video Teleconference

U1 = Universal Priority I
U2 = Universal Priority II
U3 = Universal Priority III

SUP = Supervisor Only
C = Competitive

* = Recurring Requirement
** = According to Individual Job Requirement

APPENDIX C **MASTER TRAINING PLAN MATRIX - MEDICAL RECORDS TECHNICIAN**

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Course Number	Course Title Source Type of Training Course Length	PRIORITY/TARGET AUDIENCE							Training Competencies
		GS-03	GS-04	GS-05	GS-06	GS-07	GS-08	GS-09	
21	Advanced HIPAA Compliance for Health Plans AHIMA/College CC/OL/FC Length Varies			U3	U3	U2	U2	U2	10, 11, 12
22	Certification Professional Organization FC Length Varies	U3	U3	U3	U3	U3	U2	U2	1-9, 10-12, 13-15
23	Records Administration Training NARA FC Length Varies	U3	U3	U3	U3	U2	U2	U2	1, 9, 11, 22
24	Coding Management AHIMA/College FC/CC/OL Length Varies				U3	U2	U2	U2	1-9, 10-12, 13-15
25	Data Quality Regional Workshops PASBA FC Length Varies				U3	U3	U2	U2	13, 14, 15
26	TRICARE Management Activity (TMA) Data Quality Training Course TMA FC 3 Days				U3	U2	U2	U2	1-9, 10-12, 13-15
27	Medical Records Administration Workshop PASBA FC Length Varies					U3	U3	U3	1-9, 10-12, 13-15
28	AHIMA Section Meetings AHIMA FC Length Varies	U3	U3	U3	U2	U2	U2	U2	1-9, 10-12, 13-15, 22
29	AHIMA Annual Convention and Exhibit AHIMA FC Length Varies						U3	U3	1-9, 10-12, 13-15, 22
30	JCAHO Seminars JCAHO FC Length Varies				U2	U2	U2	U2	4, 22

LEGEND: CC/OL = Correspondence Course/On-Line
FC = Formal Course
OJT = On-the-Job Training
VTC = Video Teleconference

U1 = Universal Priority I
U2 = Universal Priority II
U3 = Universal Priority III

SUP = Supervisor Only
C = Competitive

* = Recurring Requirement
** = According to Individual Job Requirement

APPENDIX C

MASTER TRAINING PLAN MATRIX - MEDICAL RECORDS TECHNICIAN

Page 4 of 4

Course Number	Course Title Source Type of Training Course Length	PRIORITY/TARGET AUDIENCE							Training Competencies
		GS-03	GS-04	GS-05	GS-06	GS-07	GS-08	GS-09	
31	Regional and Local HIMA Meetings HIM Association FC Length Varies	U3	U3	U3	U2	U2	U2	U2	1-9, 10-12, 13-15, 22
32	Basic Computer Courses (MS Word, Excel, PowerPoint, etc.) Local/Installation FC/CC/OL Length Varies	U2	U2	U2	U2	U2	U2	U2	16, 17
33	Effective Army Writing AMEDDC&S CC/OL Length Varies	U3	U3	U2	U2	U2			20
34	Instructor Training Course/Effective Briefing Course AMEDDC&S/USDA FC 80 Hours/24 Hours	U3	U3	U3	U3	U2	U2	U2	21, 22, 24
35	Listening and Memory Development USDA FC 16 Hours	U3	U3	U3	U3	U3	U3	U3	21, 22
36	Supervisor Development Course / Human Resources for Supervisors AIPD/Local CPAC CC/OL/FC Length Varies/40 Hours				S-U1	S-U1	S-U1	S-U1	18, 19
37	Leadership Education and Development (LEAD) Course Local CPAC FC 40 Hours				S-U1	S-U1	S-U1	S-U1	18, 19
38	Manager Development Course AIPD CC/OL Length Varies						U3	U3	18, 19
39	Associate Degree or Bachelor Degree in Health Information Management College or University-Based FC Length Varies	U3	U3	U3	U3	U2	U2	U2	1-24

LEGEND: CC/OL = Correspondence Course/On-Line
FC = Formal Course
OJT = On-the-Job Training
VTC = Video Teleconference

U1 = Universal Priority I
U2 = Universal Priority II
U3 = Universal Priority III

SUP = Supervisor Only
C = Competitive

* = Recurring Requirement
** = According to Individual Job Requirement

APPENDIX D
MASTER TRAINING PLAN COURSE DESCRIPTIONS
MEDICAL RECORDS TECHNICIAN

1. **Basic Coding Course.** This course covers the study of nomenclatures and classification systems. The course emphasizes basic coding rules, principles, guidelines, use of symbols, and conventions. Additional information is available at: <http://www.ahima.org/> * (Source: AHIMA/College/Technical College) (Length Varies)
2. **HIPAA Training/Workshops.** Provides healthcare provider-oriented information on HIPAA implementation. Additional information is available at: <http://www.tricare.osd.mil/tmaprivacy/hipaa/hipaacompliance/tools-training/index.htm> or <http://www.ahima.org/privacy/index.html> (Source: TRICARE Management Activity (TMA) (Length Varies)
3. **Basic Medical Terminology (MD0010).** The study of the language of the medical field; word construction, definition, and the use of terms related to all areas of medical science, hospital service, and the allied health specialties. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S/College/AHIMA/Vendor) (Length Varies)
4. **Army Online Coder Training.** Web-based training program to help providers learn more about how patient care documentation serves as the first step in the coding process. Additional information is available at: <http://www.pasba.amedd.army.mil/CodingFrameset.html> (Source: PASBA) (Length Varies)
5. **Monthly PASBA Coding Video Teleconference (VTC).** Coding VTC provides a forum for coding information updates, problem solving, and best practices sharing. The intended audience is medical records administrators, lead coders, and coding staff. Additional information is available at: <http://www.pasba.amedd.army.mil/CodingFrameset.html> (Source: PASBA) (Length Varies)
6. **Essentials of Anatomy.** This course provides an introduction to basic human anatomy. Some of the subjects covered include: tissues of the body, structures and structural relationships within the integumentary, fascial, skeletal, muscular, digestive, respiratory, urogenital, cardiovascular, lymphatic, endocrine, and nervous systems. Additional information is available at: <http://www.ahimacampus.org/catalog/catalog.html> (See Appendix K) or (MD0006) http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AHIMA/College/AMEDDC&S) (Length Varies)

7. **Basic Human Physiology.** This course is an introduction to basic human physiology. The course will review: physiology of cells and miscellaneous tissues, as well as skeletal, muscular, digestive, respiratory, urinary, reproductive, cardiovascular, endocrine, and nervous systems. Additional information is available at: <http://www.ahimacampus.org/catalog/catalog.html> or (MD0007) http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AHIMA/College/AMEDDC&S) (Length Varies)
8. **Diseases (Pathophysiology).** A study of disease processes; the signs, systems, and test findings of disease processes; the treatment and management of patients; and classification of drugs. (Source: AHIMA/College) (Length Varies)
9. **Statistics.** A study of medical, hospital, and vital statistics. Includes medical abstracting, statistical formulas, monthly and annual reports and data display. (Source: College/University) (Length Varies)
10. **Coding Seminars.** AHIMA, state and local HIMA, and proprietary organizations offer instruction and updates on ICD-9-CM, current procedural terminology (CPT), Diagnostic and Statistical Manual (DSM-IV), and Systematized Nomenclature of Medicine (SNOMED) classification systems. Additional information is available at: <http://www.ahimacampus.org/codingbasics/index.html> (Source: AHIMA/State or Local HIMA/Proprietary Organizations) (Length Varies)
11. **Organization and Functions of the Army Medical Department Course** (MD0004). Mission and composition of the Army Medical Department; organization of medical centers and medical department activities and the histories and functions of the six officer medical corps. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S) (Length Varies)
12. **Introduction to Medical Records and the Patient Administration Division Course** (MD0750). Mission of the Patient Administration Division in the AMEDD. Introduction to the organization and responsibilities of patient administration; introduction to regulatory controls for military health care and patient records. Organizational structure and functions of the Office of the Chief, Patient Administration Division, including training programs. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S) (Length Varies)
13. **Outpatient Medical Records Branch Course** (MD0751). Preparation, use, filing, controlling, and disposition of Army Health Records, Outpatient Treatment Records, and Field Medical Card. Description and use of the Terminal Digit Filing System and the records control program. (Source: AMEDDC&S) (Length Varies)

14. **Patient Accountability Branch Course (MD0752).** Procedures for processing patients into and out of the hospital (admission and disposition), including absent sick processing; evacuation of patients to other medical treatment facilities, including aeromedical evacuation; accountability of patients carried on the rolls of the medical treatment facility; and safeguarding the possessions of patients. (Source: AMEDDC&S) (Length Varies)

15. **Medical Records Administration Branch I Course (MD0753).** Preparation, use, filing, control, and disposition of Inpatient Treatment Records. Introduction to the diagnostic and operation coding and the preparation of the Inpatient Treatment Record Cover Sheet. Introduction to the individual patient data system. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S) (Length Varies)

16. **Medical Records Administration Branch II Course (MD0754).** Preparation and use of medical statistical reporting. Study of the quality assurance program (medical care evaluation) and the release of medical information. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S) (Length Varies)

17. **Patient Affairs Branch Course (MD0755).** Management of the TRICARE program; medical board administration and Physical Evaluation Board Liaison Officer (PEBLO) service; administrative management of seriously ill/very seriously ill and special-category reporting requirements; initiation of line-of-duty determination; third-party-liability reporting; and disposition of the deceased. (Source: AMEDDC&S)(Length Varies)

18. **Health Care Ethics I Course (MD0066).** Ethically and legally appropriate behavior of health care professionals, the role of ethics in healthcare, legal doctrines that affect healthcare; tort law, negligence, and patient consent. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S)(Length Varies)

19. **Health Care Ethics II Course (MD0067).** Ethically and legally appropriate behavior of health care professionals, patient refusal of treatment, medical records, and the scope of medical practice. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S) (Length Varies)

20. **Medical Billing and Insurance Procedures Course.** Medical billing process, procedures, laws, and customs are discussed and practiced. Requirements of claims of third party payers are discussed. Auditing of insurance information capturing is practiced. Hands-on practice with medical billing software is emphasized. (Source: College/Technical College) (Length Varies)

21. **Advanced HIPAA Compliance for Health Plans.** This course deals with advanced topics for health plans under the Administrative Simplification provisions of HIPAA. The course covers: Administrative Simplification; Standards for transactions and code sets; and Health information privacy. (Source: AHIMA/College) (Length Varies)

22. **Certification.** Completion of a certification program listed at Appendix F of this document. (Source: Professional Association) (Length Varies)

23. **Records Administration Training.** Sponsored by the National Archives and Records Administration (NARA), these courses prepare employees to improve agency records programs, and proper care of permanent records and their timely transfer to the National Archives. Courses include records disposition, scheduling records, electronic records issues, automating records management, and evaluating and promoting records management. Additional information is available at:

http://www.archives.gov/records_management/training/nationwide_training.html

(Source: NARA) (Length Varies)

24. **Coding Management.** This course is designed to advance the skills of Health Information Management (HIM) professionals who are involved or interested in the management of coding services. (Source: AHIMA/College) (Length Varies)

25. **Data Quality Regional Workshops.** The MEDCOM sponsors several Data Quality Workshops at the regional level. Additional information is available at:

<http://www.pasba.amedd.army.mil/QualityFrameset.html>. (Source: PASBA) (Length Varies)

26. **TRICARE Management Activity (TMA) Data Quality Training Course.** The purpose of this course is to teach MTF Data Quality Managers about data infrastructure, accountability, data sources, metrics, and integration from the MTF through the services to the Medical Health System. Additional information is available at:

http://www.tricare.osd.mil/dataquality/train_course.htm. (Source: TMA) (Length: 3 Days)

27. **Medical Records Administration Workshop.** The primary focus and objective is to bring attendees up-to-date in the technology areas of medical records administration. The symposium offers lectures, demonstrations, and hands-on experience for all attendees on the newest automated systems available in their field. (Source: PASBA) (Length Varies)

28. **American Health Information Management Association (AHIMA) Section Meetings.** Special interest group meetings – subgroups of individual HIM interests holding annual meetings at the AHIMA National Convention and periodically throughout the year. Examples of these groups are: Ambulatory Care Section, Mental Health Section, Quality Improvement, and Long-Term Care. Additional information is available at:

<http://www.ahima.org/> (Source: AHIMA) (Length Varies)

29. **American Health Information Management Association (AHIMA) Annual Convention and Exhibit.** Presents latest technologies, principles, and practical applications on health information management. Attendance at Army special interest session updates the Medical Records Administrator (MRA) on latest Army MR Administration health information policy. Additional information is available at: <http://www.ahima.org/products/meetings.html> (Source: AHIMA) (Length Varies)
30. **Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Seminars.** Established in 1951, the JCAHO sets standards of quality for hospitals and many other healthcare facilities and uses these standards to accredit organizations. The JCAHO offers seminars in health information management, computer-based patient records, survey standards, clinical indicator projects, performance improvement, etc. Additional information is available at: <http://www.jcrinc.com/education>. (Source: JCAHO) (Length Varies)
31. **Regional and Local Health Information Management Association (HIMA) Meetings.** Each state and several regions sponsor periodic meetings throughout each year offering HIM educational opportunities. (Source: HIM Association) (Length Varies)
32. **Basic Computer Courses (MS Word, Excel, PowerPoint, etc.).** Courses in a variety of software applications to enable employee to efficiently manipulate data. (Source: Local/Installation) (Length Varies)
33. **Effective Army Writing (IS1460).** A study of the principles, procedures, and practice of staff writing as well as introduction to a professional reading program. Additional information is available at: http://docs.usapa.belvoir.army.mil/jw2/xmldemo/p350_59/head.asp (Source: AMEDDC&S) (Length Varies)
34. **Instructor Training Course (Formerly Faculty Development Course)/Effective Briefing Course.** Emphasis is placed on communication skills, audio-visual support, writing lesson plans, writing objectives and writing test items. Additional information for the Instructor Training Course is available at: <https://www.atrrs.army.mil/atrrsc/courseinfo.asp?fy=2003&sch=081&crs=5K%2DF3%2F520%2DF3&crstitle=INSTRUCTOR+TRAINING+COURSE&phase=>. Additional information for the Effective Briefing Course is available at: <http://www.grad.usda.gov> (Source: AMEDDC&S/USDA) (80 Hours/24 Hours)
35. **Listening and Memory Development.** Through lectures, practical exercises and discussions, the students learn to: use practical techniques for improving listening skills, recognize and overcome barriers to effective listening, organize information transmitted orally by applying the principles of effective listening, and remember names, faces, facts, figures, and ideas more readily and accurately. Additional information is available at: <http://www.grad.usda.gov/> (Source: U.S. Department of Agriculture (USDA))(Length: 16 Hours)

36. Supervisor Development Course (ST5001/ST5002)/Human Resources for Supervisors. Presents first time supervisory personnel with the basic knowledge of civilian personnel administration procedures and techniques. This is a mandatory course that must be completed within twelve (12) months of assignment as supervisor to civilian personnel. Supervisors must complete the correspondence course before enrolling in the LEAD course. The course may be completed by correspondence course or by attendance at a local CPAC training course. Additional information for the correspondence course is available at: http://www.cpol.army.mil/train/courses/st5001/st5001_top.htm (Source: AIPD/Local CPAC) (Length Varies/40 Hours)

37. Leadership Education and Development (LEAD) Course. The target audience is new military and civilian supervisors of civilian employees. Develops and hones leadership skills of supervisors. Focuses on situational leadership, motivation, communication, performance counseling, conflict management, team building, problem solving, values and ethics, and systems theory. Supervisors must complete the Supervisor Development Course before enrolling in this course. This course is locally funded. Additional information is available at: <http://cpol.army.mil/train/catalog/ch01lead.html>. (Source: Local CPAC) (Length: 40 Hours)

38. Manager Development Course. Correspondence course covering topics such as organizational culture, time management, setting objectives and plans, problem solving and decision making, planning, programming and budgeting, manpower management, communications, information technology applications, the Army environmental program, equal employment opportunity, professional ethics, internal management control, and Army Family Team Building. This course is centrally funded. Additional information is available at: <http://www.atssc.army.mil/accp/aipd.htm>
<http://www.atssc.army.mil/accp/aipd.htm> (Source: AIPD) (Length Varies)

39. Associate Degree or Bachelors Degree in Health Information Management. Completion of an Associates Degree or Bachelors Degree in Health Information Management. Additional information on accredited colleges/universities offering degrees in Health Information Management is located at Appendix E. (Source: College or University-Based) (Length Varies)

APPENDIX E
HIGHER EDUCATION SOURCES
MEDICAL RECORDS TECHNICIAN

The American Health Information Management Association offers information on colleges/universities on their website*: http://www.ahima.org/careers/college_search/

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**APPENDIX F
CERTIFICATION
MEDICAL RECORDS TECHNICIAN**

Certification	Acronym	Certifying Organization
Certified Professional in Health Care Information and Management Systems	CPHIMS	HIMSS
Registered Health Information Administrator	RHIA	AHIMA
Registered Health Information Technician	RHIT	AHIMA
Certified Coding Associate	CCA	AHIMA
Certified Coding Specialist	CCS	AHIMA
Certified Coding Specialist–Physician based	CCS-P	AHIMA
Certified Professional Coder	CPC	AAPC
Certified Professional Coder–Hospital	CPC-H	AAPC
Certified in Healthcare Privacy	CHP	AHIMA

APPENDIX G **GLOSSARY** **MEDICAL RECORDS TECHNICIAN**

<u>ACRONYM</u>	<u>DEFINITION</u>
AAPC	- American Academy of Professional Coders
ACTEDS	- Army Civilian Training, Education and Development System
AEP	- Affirmative Employment Program
AFIP	- Armed Forces Institute of Pathology
AHIMA	- American Health Information Management Association
AMEDD	- Army Medical Department
AMEDDC&S	- Army Medical Department Center and School
APPD	- AMEDD Personnel Proponent Directorate
AR	- Army Regulation
CCA	- Certified Coding Associate
CCS	- Certified Coding Specialist
CCS-P	- Certified Coding Specialist-Physician Based
CF	- Career Field
CHCS	- Composite Health Care System
CHP	- Certified in Healthcare Privacy
CMS	- Center for Medicare and Medicaid Services
CONUS	- Continental United States
CPAC	- Civilian Personnel Advisory Center
CPC	- Certified Professional Coder
CPC-H	- Certified Professional Coder - Hospital
CPHIMS	- Certified Professional Healthcare Information and Management Systems
CPT	- Current Procedural Terminology
DA	- Department of the Army
Den Clinic	- Dental Clinic
DENTAC	- Dental Activity
DOD	- Department of Defense
DSM	- Diagnostic and Statistical Manual
EEO	- Equal Employment Opportunity
FC	- Functional Chief
FCR	- Functional Chief Representative
HCPCS	- Healthcare Common Procedure Coding System
HIM	- Health Information Management
HIMA	- Regional and Local Health Information Management Associations
HIPAA	- Health Insurance Portability and Accountability Act of 1996
ICD	- International Classification of Diseases
IDP	- Individual Development Plan
JCAHO	- Joint Commission on Accreditation of Healthcare Organizations
KSAs	- Knowledge, Skills, and Abilities

ACRONYMDEFINITION

LEAD	- Leadership, Education, and Development
MACOM	- Major Army Command
MEDCEN	- Medical Center
MEDCOM	- U.S. Army Medical Command
MEDDAC	- Medical Activity
Med Det	- Medical Detachment
MRA	- Medical Records Administrator
MRT	- Medical Records Technician
MTF	- Medical Treatment Facility
MTP	- Master Training Plan
NARA	- National Archives and Records Administration
NCHS	- National Center for Health Statistics
Occ Hlth	- Occupational Health
OCONUS	- Outside Continental United States
OJT	- On-the-Job Training
OPM	- Office of Personnel Management
PAD	- Patient Administration Division
PASBA	- Patient Administration Systems and Biostatistics Activities
PEBLO	- Physical Evaluation Board Liaison Officer
RHIA	- Registered Health Information Administrator
RHIT	- Registered Health Information Technician
RMC	- Regional Medical Command
RVC	- Regional Veterinary Command
SMEs	- Subject-Matter-Experts
SNOMED	- Systematized Nomenclature of Medicine
TAPES	- Total Army Performance Evaluation System
TMA	- TRICARE Management Agency
TSG	- The Surgeon General of the U.S. Army
U.S.	- United States
USA	- United States Army
USAHC	- United States Army Health Clinic
USDA	- United States Department of Agriculture
VTC	- Video Teleconference

Instructions for Completing and Handling Request:

- | | | |
|--|--------------------------------|------------------------------------|
| Section I – Employee’s Request for Equivalency Credit | | |
| Name (Last – First – MI) | | Career Field/Program Number |
| Title/Series/Grade | Course Title & Code | Course Provider |
| Employee’s Signature | | Date Signed |
| | | Telephone Number and E-mail |
| Section II – Training Information | | |
| <input type="checkbox"/> Work Experience: (Attach detailed explanation of work assignments. Identify competencies and explain how they were acquired.) | | |
| <input type="checkbox"/> Formal Education or Training, including Correspondence Study: (Attach transcript(s) and descriptions of course work, to include course title, course level, and grade. Identify competencies and explain how they were acquired.) | | |
| <input type="checkbox"/> Self-development Activities (Attach detailed explanation. Identify competencies and explain how they were acquired.) | | |
| Section III – Supervisor’s Recommendation | | |
| <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur | | |
| Supervisor’s Name, Title, Organization, and Mailing Address | | Telephone Number and E-mail |
| Supervisor’s Signature | | Date Signed |
| Section IV – Approving Authority’s Decision | | |
| Approving Authority’s Name, Title, Organization, and Mailing Address | | Telephone Number and E-mail |
| Approving Authority’s Signature | | Date Signed |

APPENDIX I INDIVIDUAL DEVELOPMENT PLAN

PRIVACY ACT STATEMENT. Section 4103 of Title 5 to U.S. Code authorizes collection of this information. This information will be used by staff management personnel and the Civilian Personnel Advisory Center servicing your locality, to plan and/or schedule training and development activities. Collection of your Social Security Number is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary.

Page 1 of 2

NAME:	SSN:	PERIOD COVERED:	CAREER FIELD:			
POSITION TITLE/GRADE:		ORGANIZATION:				
1. DEVELOPMENTAL OBJECTIVES (Skills/Performance Enhancement, Career Development, Etc.)						
a. Short-Term Objectives		b. Long-Term Objectives (3-5 Years)				
1.		1.				
2.		2.				
3.		3.				
4.		4.				
5.		5.				
2. MANDATORY TRAINING FOR ACCREDITATION/CERTIFICATION						
Course Title/Number	Objective Supported	Course Provider	Date Required	Hours	Tuition	Est Travel/Per Diem
1.						
2.						
3.						
4.						
5.						
3. UNIVERSAL MANDATORY TRAINING (Priority I)						
Course Title/Number	Priority	Course Provider	Date Required	Hours	Tuition	Est Travel/Per Diem
1.						
2.						
3.						
4.						
5.						

4. UNIVERSAL TRAINING (Priority II AND III)

Course Title/Number	Objective Supported	Priority	Course Provider	Date Required	Hours	Tuition	Est Travel/Per Diem
1.							
2.							
3.							
4.							
5.							

5. COMPETITIVE PROFESSIONAL DEVELOPMENT

Type of Assignment	Location	Proposed Dates	Est Travel/Per Diem
1.			
2.			
3.			
4.			
5.			

6. TRAINING OR SELF DEVELOPMENT COMPLETED DURING LAST FY

Training Course or Developmental Activity	Location	Completion Date	Hours
1.			
2.			
3.			
4.			
5.			

7. INTERN ON-THE-JOB TRAINING

Developmental Activity	Location	Proposed/Completion Date	Supv Initial	Hours
1.		/		
2.		/		
3.		/		
4.		/		
5.		/		

I certify that I will support the training and/or development outlined in this IDP and will recommend approval of training costs in each FY budget. I have discussed this with the employee for whom this IDP has been prepared and concur with documented training.

Program Manager/Supervisor Date

Functional Chief Representative Date

I have discussed my career goals and the training or development needed to achieve these goals. I have included only goals that I can realistically expect to achieve during the time period specified.

Employee Date

APPENDIX J
CREDITS
MEDICAL RECORDS TECHNICIAN

Use of URL link to AHIMA Website and information listed in Appendix E, Higher Education Sources, was approved by AHIMA.